

**MARYLAND POLICE AND CORRECTIONAL TRAINING COMMISSIONS  
LESSON PLAN**

**COURSE TITLE: CIT**

**LESSON TITLE: Overview of Intellectual & Developmental Disabilities**

**PREPARED BY: Elizabeth Wexler**

**DATE: 12/30/2020**

**TIME FRAME**

Hours: 90 minutes  
Day/Time: Day 4, Lesson 1

**PARAMETERS**

Audience: Experienced officers  
Number: 25 maximum  
Space: classroom  
Facilitators: Co-facilitated course with one I/DD subject matter expert and one law enforcement officer

**PERFORMANCE OBJECTIVES**

1. Students will be able to outline the behavioral features of Intellectual and Developmental Disabilities to the satisfaction of the facilitator
2. Students will demonstrate ability to identifying citizens with I/DD as people in need of assistance rather than law enforcement to the satisfaction of the facilitator
3. Students will acquire and demonstrate knowledge of interactional techniques to facilitate crisis intervention techniques that are effective while minimizing the use of force to the satisfaction of the facilitator.

**ASSESSMENT TECHNIQUES**

1. Facilitated Discussion
2. Case Study Analysis
3. In-Class Scenarios
4. End of Course Assessment

**INSTRUCTOR MATERIALS**

PowerPoint Presentation

## **EQUIPMENT/SUPPLIED NEEDED**

Flipchart & Stands

Flipchart Markers

Masking Tape

Computers

Projector Screen

## **STUDENT HANDOUTS**

### **METHODS/TECHNIQUES**

Power Point and didactic presentation

Case study

Small group activity/facilitated group discussion

In-class scenario

## **REFERENCES**

The instructor should be familiar with the material in these reference documents to effectively teach this module.

Case studies: <https://www.youtube.com/watch?v=nc9aAY6-ujQ>

<https://www.youtube.com/watch?v=MO28XAsDa3g>

<https://www.youtube.com/watch?v=ncompGtHygg>

[https://www.youtube.com/watch?time\\_continue=168&v=uErofKXMwq0&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=168&v=uErofKXMwq0&feature=emb_logo)

<https://www.youtube.com/watch?v=kwwQvGj5xyE>

<http://www.thearcbaltimore.org/> :Resources for those with IDD

<http://aaidd.org/intellectual-disability/definition#.VQw8Pct0wzs>: info and terms defined

<http://nationalautismassociation.org/> info and resources for Autism Spectrum Disorders

<http://nspt4kids.com/parenting/expressive-vs-receptive-language/> : explanation of receptive and expressive language

<https://arcnc.org/45-resources-nc/359-partners-in-justice>: A resource guide on intellectual (cognitive) disabilities for professionals in the criminal justice system

## **GENERAL COMMENTS**


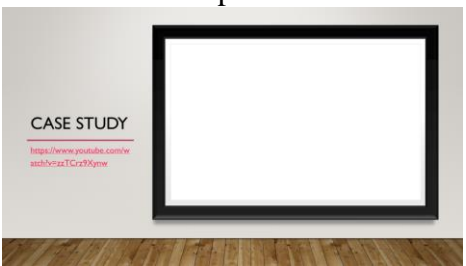
In preparing to teach this material, the instructor should take into consideration the following

comments or suggestions.

*This lesson plan is intended to be co-facilitated by a subject matter expert in Intellectual/Developmental Disabilities, and a law enforcement officer. It is not intended for a general law enforcement instructor to teach without a subject matter expert, although a subject matter expert may teach the course independently if a law enforcement instructor is not available to co-facilitate*

# LESSON PLAN

## TITLE: Overview of Intellectual & Developmental Disabilities

PRESENTATION GUIDE	TRAINER NOTES
<p><b>I. ANTICIPATORY SET</b></p> <p><b>Instructor should introduce themselves and give their background in behavioral health.</b></p> <p><b>Ask:</b> Why are we talking about folks with Intellectual and Developmental Disabilities (I/DD) in CIT training?</p>       <p>We're going to start with a brief case study today. Watch this video of someone living with an Intellectual Disability.</p> <p><b>Ask:</b> What are your thoughts, reactions to this video?</p>   <p>We are going to go over the broad categories of Intellectual and Developmental disabilities, and discuss the ones you may commonly encounter. We call them broad categories because people can have I/DD from many different disorders.</p>  <p>This module was originally developed by the Arc of Baltimore, which is a community agency that provides</p>	 <p><b>Desired Response:</b> we will come into contact with people with I/DD in the community-there have been disproportionate, unnecessary, and unreasonable uses of force on individuals with I/DD because the officer was not able to identify that the individual experienced I/DD.</p>  <p><b>Desired Response:</b> that folks with I/DD are just people who want to be treated fairly and with respect, that they also need accommodations like people living with physical disabilities</p>

support and services to people with I/DD. You may encounter people with I/DD who are served by Arc, or you may refer people with a loved one who has an I/DD and needs supportive services to Arc.

## II. INSTRUCTIONAL INPUT (CONTENT)

Let's start by defining what a Developmental Disability is:

It is a disability that occurs BEFORE the age of 22 (during brain development). It can affect a person's thinking, behavior, emotions, relationships, and/or physical activities.

It is long-term, usually for the whole life of the person. It may result in the need for extra support, usually due to needing help with "adaptive skills".

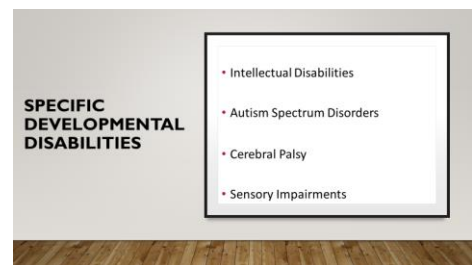
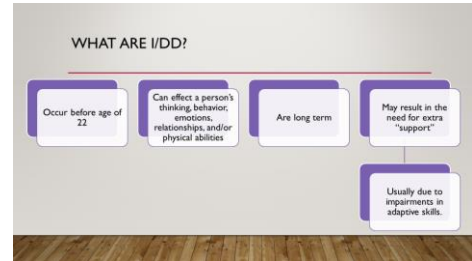
Intellectual Disability, which you just saw in the case study, is one type of Developmental Disability. It may or may not co-occur with other types of developmental disabilities. We use the term Intellectual and Developmental Disabilities (I/DD) to capture a broad array of conditions that fit the above definition.

This is the list of adaptive skills, things that most of us take for granted. People with I/DD may need assistance in one or more of these adaptive skill areas. For example, they may need support to live alone, pay bills, drive a car, or know what is safe and what is not safe. And this will manifest differently in each individual. But they are adults, citizens, and have full rights and should be treated respectfully.

We are going to talk about these disabilities within three main categories:

Intellectual Disabilities  
Autism Spectrum Disorders, and  
Cerebral Palsy

First, we are going to talk about intellectual disabilities. This is what used to be called "mental retardation", which is a term we no longer use-it is now considered a



slur and should never be used. Someone with an I/DD will likely be insulted by this term, and you may not even be aware of it. So, just do not use this term. Having an intellectual disability means that someone's IQ is a certain amount below the average. Intellectual Disability is considered a developmental disability because, as we said earlier, it occurs and is identified before the age of 22. It is generally identified at a very young age.

**Ask:** Can anyone tell me what the average IQ number is?

An intellectual disability is defined by having an IQ under 70. There are four levels: mild, moderate, severe, and profound. An IQ score is based upon a whole array of factors, for instance, an individual's ability to comprehend information, to reason, to remember, and to concentrate. People may have an intellectual disability based on broad difficulties, or they may have some particular areas of weakness and some particular areas of strength. People with intellectual disabilities may be participating in special education, which are educational services designed to accommodate the needs of someone with any condition that interferes with learning. They may also be participating in supported employment, which are programs of paid work in regular workplace settings by people with physical, cognitive, developmental, and mental health disorders. Ongoing training is provided by an interdisciplinary team of rehabilitation professionals, employers, and family members. In some cases where the disability is severe or profound, the person may not be able to care for themselves at all, and their communication may be limited. Remember the Olmstead Supreme Court Decision we talked about in the very first day of CIT training? That decision stated that it is a CIVIL RIGHT for people with disabilities to live in the community, as independently as possible. Think back to the Core Principles of Policy 712. The BPD has included, in policy, that members who respond to individuals with behavioral health disabilities or in crisis shall respect their dignity, civil rights, and contribute to their overall

#### WHAT IS INTELLECTUAL DISABILITY?

- Developmental disability
  - Occurs before the age of 22
- Characterized by sub-average IQ score (70 or below)
  - As measured by an IQ test
  - Results in limitations in two or more adaptive skill areas
- 4 Levels of Intellectual Disability (mild, moderate, severe, profound)
  - More severe the level the lower the IQ score and (probably) more adaptive skills impacted

**Desired Response:** 100. (*If no one guesses, tell them*).

health, safety, and welfare.

Obviously, you are most likely to come into contact with the folks who function more independently, and these will be people with mild and perhaps moderate intellectual disabilities.

Here is a case study of an Intellectual Disability

The important thing to watch for in here is the fundamental change in the person living with the intellectual disability when she was moved to a different environment.

(after case study)

**Ask:** What are your reactions and thoughts?

**Ask:** Are there any questions about intellectual disabilities?

Now we're going to talk about Autism Spectrum Disorders (ASD)

Here is a case study of someone with ASD from the film "Temple Grandin"



**CASE STUDY: INTELLECTUAL DISABILITY**

[HTTPS://WWW.YOUTUBE.COM/WATCH?V=MO2KAD43G](https://www.youtube.com/watch?v=MO2KAD43G)

**Desired Response:** that the person with intellectual disability, when living in an environment where her needs were met, could thrive. That how we find someone with a disability may not be their highest level of health and functioning.)

Answer questions that are raised, if possible.

AUTISM SPECTRUM  
DISORDER

**Ask:** What did you notice about this young woman?  
What seemed atypical to you?

Autism is a developmental disability of variable severity (spectrum) that is characterized by difficulties in social interaction and communication and by restricted or repetitive patterns of thought and behavior.

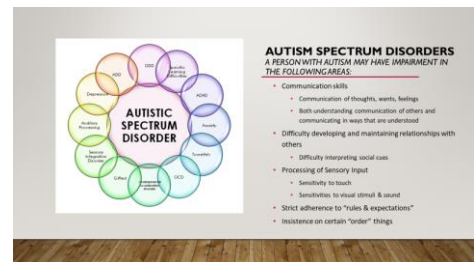
The scientific community has not established a cause for these disorders; we don't know what causes it. Secondly, we've seen an increase in the prevalence of it in the last few decades, but we cannot be sure how much, because the diagnostic criteria have changed several times. What we now consider severe autism is the only thing that was diagnosed as autism 30 years ago; now, with the spectrum of disorders, many more people carry the diagnosis who wouldn't have back then.

We also now know that this disorder is diagnosed 4 times as common in males as in females-and we don't know why that is. There is a history of ASD being under-diagnosed in women. This is important to note, as you may notice similar symptoms but the person may not carry an ASD diagnosis.

Symptoms of Autism Spectrum disorder can include one or more of what you see listed on the slide:  
Impairment in communications skills: this can be both



**Desired Response:** that she was determined, very smart, and outspoken.  
**Aypical:** that she was not aware of how her facial expressions were with different emotions. That she didn't "get" people.





receptive, and expressive. They may have trouble processing what you say to them, and also trouble getting an answer back to you.

Let me show you what I mean by this. I need a volunteer.

You will play the officer, I will play the citizen with autism spectrum disorder.

Ask me for my name.

“My name is \_\_\_\_\_”

How was it to have to wait for that response?  
What were you thinking?

People with this disorder may need extra time to process what you are saying to or asking them. They may also need extra time, once they have processed the question, to get a response out. This may seem like they do not want to cooperate.

When we discussed Working With Youth on Day 2, you heard a story about the instructor’s nephew that was a perfect example of this.

What is vital to remember is that a delay in response from someone with ASD does not mean they are not being compliant.

They may also have difficulty interpreting social cues- all of them, but especially subtle ones.

They may also avoid eye contact, which can often seem to law enforcement that they are not willing to cooperate.

Processing of sensory input may also be affected. Loud noises, bright lights, lots of people around, strong scents- all of these things might easily overwhelm someone with ASD.

**Select a volunteer;** if no one does, just select a recruit to participate.

When the candidate asks for the instructor’s name, the instructor should wait 45 seconds to respond. If the candidate continues to ask during the 45 seconds, the instructor should not respond.

**Anticipated Response:**

- \*It was difficult
- \*it was frustrating
- \*I wondered if they were intentionally not cooperating

This can be especially true of physical contact. If you do not need to touch someone with an I/DD, DON'T.

**Ask:** Does anyone remember where else we discussed not touching a citizen unless it's necessary?

Other ways to reduce stimulation that may escalate someone with ASD is to turn off your patrol car light and siren, and perhaps take them away from a loud or crowded area to a quieter place, if possible.

They may also have trouble communicating their thoughts or feelings. This is why peppering them with questions may overwhelm and escalate them (or escalate them further)--if possible, slow down and let them answer one question at a time.

People with ASD often have difficulty with relationships, and even single social interactions, because they don't pick up on social cues. This includes your facial expression, your tone of voice, or even having a sense of what is appropriate to verbalize. This may result in them appearing to be rude, blunt, or saying things that are considered socially inappropriate.

A BPD officer I know once was called to a vestibule in a rowhouse, where there was a man with ASD that would not leave. They were able to get him out of the vestibule and into the vehicle, and to the district without incident. BUT: the entire time, he was fixated on the officers' guns. He would stare at them no matter which way the officer moved, because (as it turned out) he was very interested in guns. He stayed calm, he took no action to try to get at the guns or even touch them, just staring. Someone without ASD might realize that staring at multiple officers' guns might bring up a red alert for police, but someone with ASD does not process those social cues, whether it is expressing them or interpreting them.

People with ASD often have a rigidity about rules and

**Desired Response:** Trauma-Informed Policing.

If no one offers this response, say it to them.

*Instructor's note: this concept is reinforced throughout this training: slow down, and don't assume that not responding fully or immediately reflects a person who is not cooperating.*

*Instructor's note: This is a good story to illustrate how people with ASD miss social cues.*

structure. For example, if they walk home the same way every day, and some part of their route is taped off as a crime scene, they may try to walk through the scene anyway. When an officer tells them they cannot walk through there, they may insist they HAVE to in order to get home. Of course, we know this is not true. But it is real to them. They are not attempting to break a law; they truly believe this is the only way for them to get from point A to point B. It may not be apparent to you by simply looking at them that they have ASD.

**Ask:** Can you think of other situations in which things may not be as they first appear?

We are going to do a scenario of this now. Can I get a volunteer?

I am going to be a person walking down the sidewalk, and you are an officer guarding the scene that is taped off. I begin to lift up the tape and walk into the scene.

**Desired Response:** \*when someone appears to be non-compliant, but is having a medical issue, like diabetic shock  
\*when someone appears to be non-compliant but is hearing voices

*If no one volunteers, select a class member.*

**Instructor:** pretend to lift police tape and walk into a scene.

*If the candidate is calm, and explains that you cannot walk there, tell them you MUST walk there in order to get home. Repeat several times "I have to walk this way to get home" no matter what the candidate says.*

*If the candidate stays calm, and says something reflective, like "yes, I understand you need to walk that way to get home. We are having a special day today, and I need you to find a different way. I can help you, and you can go this way again tomorrow" Then the instructor should cooperate.*

*If the candidate says anything*

**Ask:** What did you observe?

**Ask:** What do you think the officer did right, or could have done differently?

The keys to successful interaction in any behavioral health situation are to IDENTIFY that there may be a behavioral health condition or issue at play, and to tactically COMMUNICATE from that place rather than treat the person as if they are not cooperating, which may lead to an escalation of their behavior, or an unnecessary use of force.

What makes it a spectrum?

Put simply, some people experience more severe symptoms and impairments than others. Also, just like mental illness, not everyone with ASD has the same features. Some may be able to make eye contact but have trouble with verbal communication. Some may be able to speak well, but not pick up on social cues. ASD may not be apparent at all, or it may be obvious, and

*\*other\* than that ("Hey, I said you can't go that way" or "sorry, you'll have to find another way" or if they do not remain calm and helpful) the instructor should begin to escalate--speak louder, start yelling, get very irate.*

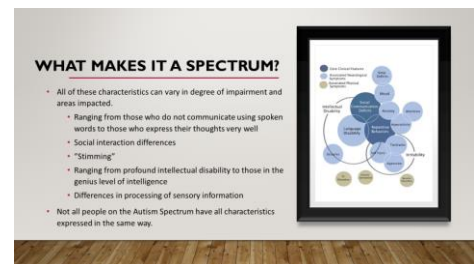
**Anticipated/Desired Response:**

**\*\*If positive outcome:**

- \*they stayed calm
- \*they reflected back an understanding of the subject's need to go that way
- \*they offered to help the subject find another route
- \*they said it would be temporary

**\*\*If a negative outcome:**

- \*they became irritated at the subject
- \*they did not take their disability into account
- \*they did not offer assistance
- \*the did not de-escalate the situation



anywhere in between.

One important thing to understand is a behavior called "Stimming", which is short for stimulation. People with ASD often do this when they are anxious, as a means of soothing themselves. A very common stimming behavior is rocking back and forth. This makes sense, right? How do we soothe a baby when they are fussy? By rocking them (we even have chairs made for it!) A woman with very high-functioning autism once told me "I want a hug, but I can't let anyone hug me, so I am trying to get the feeling of the hug by myself." When people with ASD get very upset, feel threatened, or anxious, they often have trouble regulating their feelings and stimming may escalate to self-harm. We are going to see a case study of this shortly.

**Ask:** Are there questions about ASD?

Another I/DD is Cerebral Palsy. Who has heard of this before, or known anyone that suffers from it?

CP is a neuro-muscular disorder, where the brain and muscles are not able to properly communicate. It can be very mild—as portrayed in the photo of the woman on the left—or more severe, as you can see in the picture of the boy on the right. He quite visibly needs assistance to walk, and so it is clear that he has a disability. It is not as clear with the young woman on the left, right? people with CP may have co-occurring disabilities. Around 40% of children with CP also have an intellectual disability.

When you encounter someone with CP, do not assume they have an intellectual disability. Assume average intellect unless/until you find out differently.

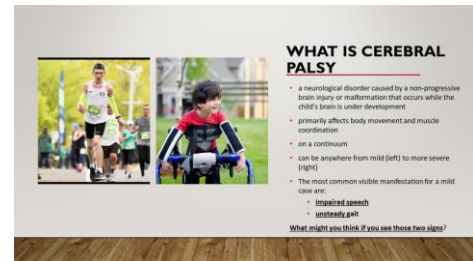
The two most common manifestations of CP in a mild case, where you would not detect it right away, are impaired gait and slurred speech.

**Ask:** Where else do you see those behaviors?

Yes – intoxication. It's really important to distinguish if

**Instructor Note:** Instructor should rock back and forth while speaking to demonstrate this stimming behavior.

*(Instructor to answer questions as possible)*



**Desired Response:** intoxication

someone has a disability rather than being impaired by a substance. It only takes a few minutes to do, but it is a vital issue of civil rights.

**Ask:** Any questions or thoughts about Cerebral Palsy?

*(answer questions as able)*

Now we are going to talk specifically about people with I/DD interacting with law enforcement.

People with a developmental disability are SEVEN times more likely to come into contact with law enforcement than the general public.



1. As an alleged perpetrator of a crime. **Ask:** Why alleged? (besides the obvious due process). And why do you think they are more likely to come into contact with LE for this reason?

**Desired Response:** they are easy targets to be blamed, and even take the blame for something they did not do.

2. Witness of a crime. **Ask:** Why might they be more likely to witness a crime?

**Desired Response:** people think they won't understand or be a credible witness, so they may commit crimes in front of them because of impairments with fixation, interpersonal interaction, and interpreting social cues, they might not avoid or leave a situation when someone without an I/DD is likely to

3. Victim of a crime. **Ask:** Why might they be more likely to be a victim of a crime?

**Desired Response:** for the same reasons already stated, all of which point to their vulnerability

Here is the case study I just mentioned-it is a story of an interaction between an LEO and a young teen with ASD.

**Ask:** What are your thoughts about this case study?

This is a perfect example of why this is part of CIT training. Because this officer stated that he was not able to identify someone with autism, so he treated this as a law enforcement situation.

Now we're going to discuss the approach you will use when you encounter someone with an intellectual or developmental disability.

1. Remember that the disability may not immediately be apparent. In particular, with Autism Spectrum Disorder. Over time and with experience, many officers develop the ability to discern between someone who is intentionally not cooperating and someone who may have a disability that is not immediately apparent.
2. Presume intelligence. You will find out quickly enough if someone has an intellectual disability. For example, if they appear not understand basic things you say or ask, and if they have child-like mannerisms or behavior. If you presume they have an intellectual disability and they do not, you will likely be talking down to them, which is not respectful, and could escalate the situation.
3. LISTEN to the person. Give them time to process and communicate. You don't need to give them an hour, but if there is a delay in their response--like in our first role play--give them a minute or two to respond.



<https://www.youtube.com/watch?v=kwwQvGj5xyE>

*Instructor Notes: Encourage learners to share their impressions of the interaction, what they feel should have been done differently: he should have taken more time, asked if he was with anyone and where they were, avoided putting his hands on him unless absolutely necessary*



4. If they have someone else with them, address the individual first, not the person who is with them. This is the same principle as presuming intelligence; do not assume that they cannot provide you with information or answer your questions. If they struggle to do this, and there is someone with them, ask if you can talk to that person. That person may offer themselves to you as well. If there is not someone with them, ask them how they can most easily communicate. They may want to write, or draw, or point at something. They may not be able to make eye contact. They may get nervous and talk all over the place. Try to remain very calm and comforting, just like if you were dealing with a crime victim who is upset.

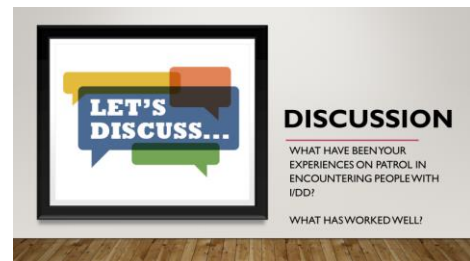
**Ask:** Any comments or questions about these tactics?

**Ask:** What experiences have you had on patrol?

**Ask:** What has worked and not worked? Can someone share?



**Instructor Notes:** answer questions as able



### III. EVALUATION/CLOSURE

#### CASE STUDY

Here is a story that happened near Baltimore. This incident is a large part of the reason we include this module in our training. After we watch this, I will tell you the details of the story that I have been told directly from Ethan's mother.

I want you to be considering a few things as you watch the video, and as I tell you the details:

1. Who was escalated in this scenario?
2. What is the responsibility of law enforcement in a

#### Time

**Instructor Note:** this is a news story of something that happened a few years ago in a nearby jurisdiction. It is a learning tool for considering someone with an I/DD disabled when encountered in the community-even if they are not in crisis.



situation like this?

3. What could have been done differently?

(after viewing case study)

Before I tell you what I know from Ethan's mother, let me first say three things:

1. These deputies were exonerated.
2. We ARE here to learn from this. We are NOT here to tear these guys up. Let's LEARN from this horrible, tragic situation.
3. AND: you saw a photo of Ethan.

**Ask:** Would you say it's visibly obvious he has a disability?

Okay, here is the story:

Ethan went with a paid aide to see the film Zero Dark Thirty. They walked out of the theater, and he said to his aide: "I wanna go see it again." Remember that Ethan is the developmental age of about an 8yo, and weighs 270 pounds. He is far larger than his aide. The aide tries to explain to Ethan why they cannot see the movie again and must go home. They are standing outside the front door of the theater, and Ethan refuses to move.

The aide gets on his cell phone and calls Ethan's mother. She asks to speak to him and she also cannot convince him, so she speaks to the aide and says: "I'm leaving work, I'll be there in 20 minutes. Call your supervisor and see if they have other ideas for you." So the aide calls the supervisor, who asks where they are. He says, "at the front door." Supervisor asks where

**Instructor Note:** *The discussion after the video is meant to educate, not tear apart the officers involved.*



<HTTPS://WWW.YOUTUBE.COM/WATCH?V=F64CAXT-CGG>

**Anticipated/Desired Response:**  
YES

the car is. "In the back of the parking lot," the aide says. The supervisor suggests the aide go get the car and close the distance between it and Ethan, and perhaps when Ethan sees the car he will want to get in. So the aide goes to get the car.

**Ask:** Can you guess what happened?

That's right, he went back in. And somehow, he got back to the theater. We don't have that information, but we guess perhaps the teenager taking the tickets tried to stop him but Ethan just kept going. Ethan's mom also guesses that in a game of telephone, the manager got word that someone went into the theater without a ticket, and grabbed one of the off-duty sheriff's deputies and instructed them to get that person out, or at least ensure they get a ticket.

Remember: these are off-duty sworn officers, doing secondary work. They are not hired security guards. They may get paid by the theater, but their authority is regulated by the state.

So....the aide pulls the car up front, and, no Ethan. He goes inside and sees one of the deputies going toward the theater, and asks if Ethan is in there. He tells the deputy that he is his aide because Ethan has Down Syndrome, and that "if you touch him he will freak out."

I don't have information on the specifics, but Ethan was asked by one of the deputies to leave. He calmly said no, he was going to watch the movie.

**Ask:** Was a crime being committed here?

No, a crime was not being committed. Ethan didn't understand that he had to pay to see the movie again.

**Anticipated/Desired Response:**

\*He went back into the theater

**Desired Response:**

\*no

**Anticipated Response:**

\*debate about whether one was or not

**Instructor Notes:** *Instructor should ask people who are debating to explain the rationale for their answer.*

<p>There was no criminal intent.</p> <p>The deputies told Ethan if he didn't leave, he would be arrested. He said, still calm, "It's okay, I'm CIA." (he had just seen Zero Dark Thirty)</p> <p>So the deputies tried to get him into custody. Remember what his aide said - "If you touch him, he'll freak." I don't know if the deputy who had that information was present when Ethan was first touched. ***This is why communication between police officers who are handling a call is so important.***</p> <p><b>Ask:</b> What part of this situation needed to be de-escalated at this point? Who had the most power to de-escalate the situation and slow things down?</p> <p>Ethan's behavior did not escalate until he was touched.</p> <p><b>Ask:</b> Why do you think Ethan would be SO strong once he started "freaking" that it took three deputies to restrain him?</p> <p>Here you have a person, without a complete understanding of what is happening-why he is being asked to leave by law enforcement officers. His sensory sensitivity could also have triggered his fight/flight/or freeze response, or perhaps a previous traumatic experience. The point of fight/flight/or freeze is survival. All 270 pounds of Ethan was fighting for his life.</p> <p>So the deputies at this point were trying to get handcuffs on him, and he was prone, and he asphyxiated. He died in that theater.</p> <p>Reminder that this discussion is about what could be done differently, if you were to encounter a situation like this-it is not a critique of the deputies.</p> <p><b>Ask:</b> So what else could you do in a situation like this?</p>	<p><b>Desired Response:</b> The interaction between the manager, the deputies, Ethan, and the caretaker needed to be slowed down a de-escalated. The deputies have the authority to intervene and slow down the situation and achieve a peaceful resolution.</p> <p><b>Desired Response:</b> he went into fight-or-flight</p> <p><i>Instructor should keep class focused on what could be done in a situation like this, and why this kind of disability should be treated like mental illness or a physical illness</i></p>
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You are likely to be called to situations like this, where a business owner wants someone out of their business for various reasons, including "acting weird". You will be a sworn officer, and once someone calls you to their place of business, you are in charge of the scene, right? This means when you see someone with a behavioral health issue, who perhaps cannot understand the situation, you need to slow down-including slowing down the manager-and attempt to close the call with minimal escalation, and with the safety and rights of the citizen at the forefront.

**Ask:** What if Ethan, instead of having Down Syndrome, was someone having chest pain? Or a seizure? The manager would be calling medics and not be pushing to start the movie, right?

With all of the information you have, you need to make the best decision how to handle a call. Sometimes, the best thing to do is nothing. Not every call requires a law enforcement action. Sometimes, you will just need to tell the complainant that the situation is not appropriate for law enforcement to resolve. In this case, Ethan was visibly developmentally disabled, the aide was there and gave them information, including the fact that the mom was on her way.

**Ask:** Are there more thoughts or questions about this case?

**Ask:** What would you say are your top three takeaways from this session?

**Desired Responses:**

- \*Pay for a movie ticket
- \*Wait for the mother to arrive
- \*Allow him to see the movie without paying
- \*Tell the manager he needs to delay the start of the movie so you can deal with this situation)

*Instructor Notes:* officers may ask how to handle this kind of situation if the mother had arrived and Ethan still would not leave.

**Desired Response:** Knowing this mother, she would have been able to get him to leave. But if he wouldn't, working in collaboration with the mother using the knowledge and techniques we have discussed today would be the appropriate course of action. This is a sanctity of life issue, as well as a disability issue. If a movie patron fell and could not walk, they would not arrest them.

*Instructor to answer questions and have officers discuss their thoughts as time allows.*

**Desired Response:**

1. Do not assume things like no eye contact or not following commands immediately are  
NONCOMPLIANCE
2. Slow down-take your time
- 3.early in your investigation, try to ascertain the best way to communicate with the subject

<p>Are there final thoughts or questions about anything we've covered as far as interacting with folks with I/DD?</p> <p>Request additional questions and feedback regarding characteristics of and interactions with persons with I/DD.</p>	<p>Discussion, answer questions as able.</p>
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